



Wisconsin Department of Public Instruction

**ELIGIBILITY CHECKLIST  
TRAUMATIC BRAIN INJURY**  
ELG-TBI-001 (Rev. 05-08)

*This form is provided for local use only.*

**INSTRUCTIONS:** This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment under Chapter 115, Wis. Stats., and the eligibility criteria established in PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document determination of eligibility for special education services and keep it on file with the student record.

Student Name

Date of Eligibility Determination

Criteria for impairment in the area of traumatic brain injury can be documented as follows:

**All questions must be checked Yes.**

☐ Yes ☐ No

**Does the student have an *acquired injury* to the brain that occurred *following a period of normal development*?**

The acquired injury may *not* be due to congenital causes (such as PKU or Down Syndrome) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke)

Describe the nature of the acquired injury and source(s) of evidence: (Note: If medical information from a licensed physician is available, the IEP-team *must* consider it.):

☐ Yes ☐ No

**Was the student's acquired brain injury caused by an *external physical force* from a strike or blow to the head or from movement of the brain within the skull?** (For example: due to a bike or car accident, a fall, a sports injury, an object like a nail penetrating the brain, or whiplash to the head)

Source(s) of evidence :

☐ Yes ☐ No

**Is the student's *educational performance* adversely affected due to total or partial functional disability or psychosocial impairment, or both, in *one or more* of the following areas? In other words, is the student's educational performance in one or more of the areas below partially or totally affected by the acquired brain injury?** (When examining the student's educational performance, consider **both** academic and nonacademic skills and progress.)

If yes, check ALL that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Cognition   | <input type="checkbox"/> Speech & Language                       |
| <input type="checkbox"/> Memory  | <input type="checkbox"/> Attention                               |
| <input type="checkbox"/> Reasoning   | <input type="checkbox"/> Abstract Thinking                       |
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Judgment                                |
| <input type="checkbox"/> Problem Solving   | <input type="checkbox"/> Sensory, Perceptual and Motor Abilities |
| <input type="checkbox"/> Physical Functions  | <input type="checkbox"/> Information Processing                  |
| <input type="checkbox"/> Psychosocial Behavior (psychological or social functioning)                     |  |
| <input type="checkbox"/> Executive Functions (e.g. organizing, evaluating, and goal-directed activities) |  |

Evidenced by: